

VA BUTLER HEALTHCARE  
VA STREAMING AUDIO PODCAST

Date: Thursday, September 2, 2010

12:00 p.m. - 12:30 p.m.

Topic: VA's National Veterans Suicide

Prevention Hotline - 1-800-273-TALK

Presenter: Peter Albert, RN

Suicide Prevention Coordinator

VA Butler Healthcare

Moderator: Cynthia Closkey, MSM, MSCS,

President, Big Design

1 MS. CLOSKEY: Good afternoon. Welcome  
2 to the VA Butler Healthcare Brown Bag Lunch Chat.  
3 I'm Cynthia Closkey. Our topic today is the VA's  
4 National Veterans Suicide Prevention Hotline.

5 Today in our chat we'll be talking  
6 about the National Suicide Prevention Hotline,  
7 and before we start, let's just go ahead and  
8 announce the phone number for that hotline the  
9 first time. I'm sure we'll mention it a few  
10 times during the call. That number is  
11 1-800-273-8255. You can also think of that as  
12 800-273-TALK.

13 Next week is the National Suicide  
14 Prevention Week from September 5 to 11, so this  
15 is an appropriate time to raise some awareness  
16 and a little bit of understanding about the  
17 issues involved in suicide and in suicide among  
18 our veterans.

19 The Veterans National Suicide  
20 Prevention Hotline has received, as I understand  
21 it, more than 293,000 calls and interrupted more  
22 than 10,000 potential suicides since it started  
23 in 2008. The hotline is open 24 hours a day, 7

1       days a week, 365 days a year.

2                   To talk with us more about it is our  
3       guest, Peter Albert, MSN and RN, who is the  
4       suicide prevention coordinator for VA Butler  
5       Healthcare. Pete is a long time resident of  
6       Butler. He joined the staff of VA Butler  
7       Healthcare in August 2007 so, again, before the  
8       hotline even started.

9                   He's a 1993 graduate of the University  
10      of Pittsburgh and has a Master of Science Degree  
11      in nursing with a focus on psych mental health  
12      nursing.

13                  Prior to coming to VA Butler  
14      Healthcare, Pete held various leadership  
15      positions in acute care mental health facilities  
16      throughout Western Pennsylvania, including  
17      Western Psychiatric Institute and Clinic in  
18      Pittsburgh and Butler Healthcare System here in  
19      Butler. Hi, Pete.

20                  MR. ALBERT: Hi.

21                  MS. CLOSKEY: How are you?

22                  MR. ALBERT: Good. Very nice meeting  
23      you.

1 MS. CLOSKEY: Thanks for joining us  
2 today. For folks who are listening live and want  
3 to ask a question, we have a few ways for you to  
4 do that. If you have dialed in by phone, we're  
5 going to open up the lines for questions a few  
6 times during the call, about ten minutes in and  
7 about twenty minutes in. So if you have some  
8 questions, please do that.

9 If you have logged in through the Talk  
10 Shoe website, you can also type your question  
11 into the chat window. We'll be able to see it  
12 there and respond, so let's kind of get started.

13 Pete, maybe you can tell us a little  
14 bit about your role as suicide prevention  
15 coordinator.

16 MR. ALBERT: Suicide prevention  
17 coordinators are new positions in the VA over the  
18 last two and a half, almost three years. Every  
19 VA facility has at least one. Some of the larger  
20 facilities will have two or three or maybe a team  
21 of people, a case manager, folks that will work  
22 with all of our veterans.

23 We have some very specific tasks that

1       we need to complete not only on a monthly basis  
2       but also to follow up with all of our veterans  
3       who are identified as being at risk. Part of  
4       that is, we have a lot of phone contact with  
5       those veterans, especially if they've been in a  
6       hospital setting and they have come out, we want  
7       to make sure we're making contact with them and  
8       they have their intake appointments within a week  
9       after discharge.

10               Then for the next month, we want to  
11       see them at least once a week. Sometimes we do  
12       that by phone. Sometimes we do that face to  
13       face. We also have a stale mail program -- we  
14       call it our We Care Card -- where every month any  
15       veteran that is on the high risk list for the  
16       facility or somebody who we think may benefit  
17       from this kind of follow-up, we hand write them a  
18       card and mail it to them, so it doesn't look like  
19       it's something from the VA coming to them. It's  
20       personal.

21               I get a lot of feedback from our  
22       veterans. In fact, even this morning I got a  
23       call from a veteran who received his card this

1 week, and I had written a message with a little  
2 bit of follow-up of a conversation we had had  
3 last week, and he just found that very comforting  
4 to know that somebody cared and wanted to know  
5 how his event had resolved. We do get a lot of  
6 feedback from our veterans with that.

7               We have a lot of things I have all  
8 spread out on the table here. I've got magnets.  
9 I've got my stress balls. I've got 15,000 of  
10 them they gave me to pass out. I provide them to  
11 VFWs, American Legions, female health centers.  
12 Anyone who will give me a little bit of space, I  
13 go and I pick up nice little baskets from those  
14 dollar stores or somewhere like that, and I try  
15 to put them everywhere we can.

16               We have little magnets and key chains  
17 that are kind of like little Get-Go cards.  
18 People can always have this number available to  
19 them. Everyone I speak to, I give them a little  
20 green and white card that talks about the  
21 hotline, talks about some of the warning signs  
22 and risk factors around suicide, and I tell them  
23 if suicide is not an issue for you, that's great,

1 but we can't tell the future and also veterans  
2 hang with veterans, so maybe you can help another  
3 veteran sometime.

4                   There are somewhere around 32,000,  
5 33,000 suicides in this country every year.  
6 About 20 percent of those are veterans. We are  
7 around 6,600, 6,700 suicides every year. About a  
8 third of that number, a little bit over 2,000,  
9 are from veterans receiving care in the VA. So  
10 that's the one thing we're really -- these are  
11 the numbers we're really trying to impact through  
12 this program and what the suicide prevention  
13 coordinators do on an ongoing basis.

14                   MS. CLOSKEY: Okay. Let's talk then.  
15 So the rates of suicide are a little bit  
16 different, then, between the veteran and suicide  
17 population?

18                   MR. ALBERT: Really for a veteran,  
19 especially a male veteran, their potential for  
20 suicide is two times that of anyone in the  
21 civilian population and there are a couple of  
22 reasons for that. One is that veterans are  
23 predominantly male, although we do have an

1       increasing number of female veterans, and I do  
2       follow up with veterans whether they are men or  
3       women and I do have several women who are on my  
4       high risk list.

5               Men will use a more lethal means for  
6       suicide, usually a firearm, and by virtue of  
7       being a veteran by their training and experience,  
8       they are comfortable with firearms. So that is  
9       one thing that we really watch very closely.

10              MS. CLOSKEY: Let's talk about some of  
11       those warning signs then.

12              MR. ALBERT: Okay.

13              MS. CLOSKEY: What are the warning  
14       signs? Tell us about them.

15              MR. ALBERT: Sure. I wish I could  
16       give you a checklist that had ten items on it,  
17       that we could sit down and I could talk to two  
18       different people, two different veterans, and  
19       once they got past six or seven items on this  
20       list, I could say to you confidently this person  
21       is suicidal, but there are a lot of things out  
22       there called protective factors that really kind  
23       of don't allow me to do that.



1                   Some of the things to look for are  
2           when someone is talking about hurting themselves  
3           or killing themselves, looking for ways to kill  
4           themselves. If you go on and do a Google search  
5           or any kind of search engine including suicide or  
6           ways to kill yourself, you are going to get  
7           thousands and thousands of hits.

8                   It's just amazing sometimes when I'm  
9           doing an assessment and I'll have a veteran  
10          who'll tell me that's what he's done over the  
11          last several weeks, talking about that, the  
12          increased use of alcohol or other drugs, that's a  
13          huge issue, decreased sleep, withdrawing from  
14          other people, feelings of hopelessness that their  
15          life isn't going somewhere, that things have  
16          changed and then, of course, all those signs and  
17          symptoms of depression.

18                   In most cases when someone is having  
19          these thoughts, it is due to some kind of  
20          underlying treatable condition and that's what we  
21          try to focus on is that treatment aspect.

22                   MS. CLOSKEY: Just to carry this one  
23          step further, among all of your different

1 outreach tools that you have got here, I know  
2 this card, the green card that you spoke about,  
3 has a list of those warning signs. Like you  
4 said, it's not a checklist, but if someone was  
5 interested and wanted to get a copy of this,  
6 other than running into you on the streets of  
7 Butler --

8 MR. ALBERT: Well, you can do that.  
9 Anybody who would be interested can call me  
10 directly at the VA. It will ring right at my  
11 desk. You don't have to go through an operator.  
12 You can always leave a message. My number  
13 is 724-285-2737.

14 You can go on -- there is many  
15 different websites out there. There is one  
16 specific, it's [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org).  
17 You can go right on that website and pull up lots  
18 of information about suicide awareness, suicide  
19 prevention.

20 There is just a lot of different  
21 websites that if you put anything around suicide  
22 awareness or prevention in, you are going to see  
23 a lot of different sites to go to.

1 MS. CLOSKEY: Fantastic. Those are  
2 some great resources. Let's go ahead and open up  
3 the lines now and see if anyone has any questions  
4 that they've got right now. I'm going to unmute  
5 everybody. Folks, soon you'll be able to give us  
6 a chat. Does anybody have any questions here for  
7 Pete?

8 CALLER NO. 1: I have a question.

9 MS. CLOSKEY: Go ahead.

10 CALLER NO. 1: My name is Tom. I was  
11 wondering what kind of mental health services are  
12 available at Butler?

13 MS. CLOSKEY: Great question, Tom.

14 MR. ALBERT: Tom, there are many  
15 different mental health services. One thing that  
16 we don't have is inpatient mental health  
17 services, so we're really an outpatient mental  
18 health provider.

19 What we have is, we have a team of  
20 psychologists, psychiatrists, social workers and  
21 nurses who all work together and a veteran can,  
22 of course, self refer. They can come in through  
23 their PCP, their primary care doctor. They can

1 call our clinic directly and arrange for an  
2 appointment. The nice thing is, we don't have a  
3 real defined crisis services or a drop-in clinic;  
4 but really any veteran who presents at our  
5 facility, we'll do everything we can to see them  
6 that day and really to see them very quickly as  
7 much as we can. We have processes set up for  
8 that.

9                   You can always call the clinic at  
10 1-800-362-8262 and it's Extension 5039. That's  
11 the Center For Behavioral Health Clinic there.  
12 Or if you're going to come in through the primary  
13 care clinic, we have a mechanism set up where you  
14 can talk to almost any staff member to get in  
15 touch with someone who can follow up with that.

16                   We provide those services with  
17 medication, therapy and counseling through using  
18 any of our providers. We have services specific  
19 to post-traumatic stress, depression. We do  
20 offer counseling for couples, married veterans  
21 who want to be seen with their spouse.

22                   We do have substance abuse treatment  
23 services. We have a residential program. We

1       don't provide direct detox services from alcohol  
2       or other drugs on our campus, but we contract  
3       with other providers in the area, and also we use  
4       other VA facilities like in Pittsburgh or Erie  
5       for those folks. That's where we can use our  
6       inpatient mental health services through Highland  
7       Drive in Pittsburgh or we use a lot of community  
8       hospitals in the counties that we serve.

9               MS. CLOSKEY: Anyone who is concerned  
10       about confidentiality and privacy --

11              MR. ALBERT: That's a huge issue and  
12       that's one thing that we maintain. We follow all  
13       the HIPAA regs and all the confidentiality  
14       issues, but what I want to stress to everyone is,  
15       I work very hard to make sure the veteran gets  
16       the services they need and they deserve and  
17       sometimes we have to tap around those things; but  
18       we maintain a level of confidentiality, but we  
19       want to make sure that we get them the help that  
20       they need.

21              MS. CLOSKEY: Right. It's important  
22       to keep everyone alive, keep them with us.

23              MR. ALBERT: That's correct.

1 MS. CLOSKEY: That's a great question,  
2 Tom. Thank you. Let's talk a little bit about  
3 the hotline, the Suicide Prevention Hotline.  
4 What is the purpose of this hotline?

5 MR. ALBERT: The hotline is a 24-hour  
6 service. It started in July of 2008. It is  
7 supported through a federal grant. So the nice  
8 thing about the hotline and what I want to make  
9 sure everybody remembers is that with this  
10 hotline, you do not have to be a veteran to call  
11 this hotline.

12 If you are a veteran, you get a little  
13 automated attendant at the beginning and if you  
14 push one, you will be routed to an area of the  
15 call center that has VA employees and they have  
16 access to their previous records and things like  
17 that.

18 It functions pretty much like a normal  
19 kind of crisis service that we would kind of  
20 expect, that someone can go to the veteran's  
21 house, someone from their community, whether it's  
22 police or a paramedic or whatever the needs are.

23 Every county in the State of

1       Pennsylvania has a crisis service, that I work  
2       with and talk to on almost a daily basis  
3       unfortunately, that those folks will go to the  
4       home wherever the veteran happens to be and the  
5       people ask what their needs are and what can  
6       happen from that period.

7               One thing needed when someone calls  
8       the hotline, as long as they are in agreement  
9       with it, a referral will be entered into our  
10      computer system to me or to any suicide  
11      prevention coordinator anywhere around the  
12      country where the veteran happens to be. So that  
13      day or my next day at work, I will follow up with  
14      that veteran, are they coming for services, have  
15      they gone to a hospital, and then follow up with  
16      that hospital or wherever they happen to be to  
17      offer them other availabilities and other crisis  
18      work.

19             MS. CLOSKEY: Great, fantastic.  
20      During the call, what then happens? I think we  
21      talked about they get routed to the right person.

22             MR. ALBERT: When someone answers the  
23      phone, the staff there are all prepared crisis

1 workers. They are certified call centers, so  
2 they make sure that the staff there is trained to  
3 handle these kind of situations.

4 Of course, the first key is keeping  
5 everyone safe. So we want to help the veteran  
6 feel safe and help them allow us to help them by  
7 making sure we know their address, their phone  
8 number, their contact information. We want  
9 people to know what we have available.

10 Then after talking with that staff  
11 member -- and I have talked to many veterans that  
12 have been on the phone for hours with these  
13 crisis workers. We have a very strong network.  
14 I believe there is only like 20 crisis workers  
15 that work there, but there is a backup system  
16 across the country. So if at different times of  
17 the year or different times of the day, when  
18 these services may be more needed, they can route  
19 people to other areas to follow up with them.

20 And then again, wherever they happen  
21 to be, if they need transportation to a hospital  
22 or a safe place, they'll make sure that happens.  
23 They'll provide them with resources in their



1 community.

2 If maybe at the time the suicide risk  
3 isn't very acute but they are having thoughts,  
4 they have questions, they'll provide them contact  
5 information for me or other community agencies  
6 that they can use.

7 MS. CLOSKEY: Okay. Then after the  
8 call, what happens?

9 MR. ALBERT: After the call, again,  
10 they will put a consult in to me as long as the  
11 veteran agrees. So when I get that information,  
12 I will follow up with the veteran, making  
13 contact. I am almost like kind of a dog after a  
14 bone. I will try every way I can to get a hold  
15 of that veteran. I don't just make one phone  
16 call. It may be several phone calls. It may be  
17 to an emergency contact that I'm aware of, the  
18 next of kin.

19 I really want to speak with that  
20 veteran. I don't want to exchange messages with  
21 them. My goal is for them to come or for somehow  
22 for me to arrange so that we can meet and really  
23 sit down and talk about what's going on, what led

1       them to make the phone call.

2                   In this time, there is a lot of  
3       economic issues. We have soldiers returning from  
4       Iraq and Afghanistan with a lot of post-traumatic  
5       stress issues. So with suicidal thoughts and the  
6       plan can be, you know, from some other item that  
7       may be going on in the veteran's life, so we want  
8       to make sure we're treating all of that. The  
9       first goal is to keep them safe and then we try  
10      to hook them up with whatever services are  
11      needed.

12                  MS. CLOSKEY: With so many calls  
13      having come into the hotline all together and  
14      then with the experience that you have here, it  
15      sounds like there is a different story for each  
16      individual, isn't there?

17                  MR. ALBERT: Right, there really is.  
18      There is always a different reason why someone  
19      calls a hotline. About that quarter of a million  
20      calls that you talked about earlier, about  
21      144,000 of them are specific to veterans and some  
22      of those calls are even from active duty soldiers  
23      and that's the key.

1                   We have gotten calls into the hotline  
2                   from Afghanistan. I don't know how they have  
3                   done that, a call got through, they have come  
4                   through. There have been cases where a hotline  
5                   worker has called back to a FOB or a base in one  
6                   of the combat areas and had people go find this  
7                   person.

8                   There have been several instances  
9                   where that has happened and there has been many  
10                  instances where that has happened here locally,  
11                  where we have to really go to the person's house  
12                  right now, it's a crisis, and help them.

13                  MS. CLOSKEY: Interesting. All right.  
14                  Let's open up the lines again and see if anyone  
15                  has another question that they would like to  
16                  share. Anybody out there who would like to give  
17                  us a question here for Pete? It's okay if you  
18                  don't because we have a lot more to talk about  
19                  here on our list.

20                  CALLER NO. 2: I have a question.

21                  MS. CLOSKEY: Please go ahead, great.

22                  CALLER NO. 2: I got on late, so I  
23                  don't know if this was something that was already

1       asked or not. What can a family member do if  
2       they have a loved one that is a veteran that is  
3       talking about suicide or they think that he or  
4       she might be having suicidal thoughts?

5               MS. CLOSKEY: What a fantastic  
6       question. Thanks for asking.

7               MR. ALBERT: One of the biggest things  
8       that a family member can do is get information  
9       and to discuss options, so that when they go and  
10      they talk to their loved one and talk to the  
11      veteran they care about, they can guide them. I  
12      will tell people -- and that's why I have these  
13      magnets and one thing we do in the VA is safety  
14      planning and maybe we can talk a little bit about  
15      that later.

16              The issue is get the information, know  
17      what to do so when you're sitting with your loved  
18      one you know where to go, how to call. And I do  
19      that a lot with family members, taking in  
20      information, giving them ideas of what they can  
21      use in their community. Calling 911 is certainly  
22      a great option.

23              That's something that people don't

1       always think about because they think about 911  
2       when you have a heart attack or you have a car  
3       accident kind of thing; but you can call 911 for  
4       mental health reasons, also.

5               What the 911 operator will do is  
6       connect you with the county crisis service, the  
7       mental health crisis services. These are people,  
8       again, that are trained to handle mental health  
9       or psychiatric emergencies and they can, again,  
10      hook you up with services, come to your home,  
11      gather information.

12             One of the things that we provide is  
13      the stress balls. Anyone that has been in the VA  
14      will see in a lot of the waiting rooms we have  
15      these little ball baskets and that's one thing.  
16      I go through about 500 of these balls every week  
17      trying to provide them to people.

18             I heard a story about a veteran who  
19      had gotten one of these stress balls and on the  
20      stress ball it says, "It Takes the Courage and  
21      Strength of a Warrior to Ask For Help," and if  
22      you know someone who is in an emotional crisis to  
23      call this hotline number and it gives the number.

1                   The veteran took it home and he had a  
2           new dog, a new pup, and he was playing with the  
3           ball with his dog. He, of course, worked during  
4           the day and he asked his father who was retired  
5           to come and let the dog out and play with the dog  
6           a little bit during the day. The dad was  
7           concerned for his son. He had recently returned  
8           from Iraq and he was concerned about how he was  
9           doing and how he was re-acclimating to what was  
10          going on.

11                   The dad, of course, went over and let  
12          the dog out, played with the dog. The dog brings  
13          him the ball and he sees the number on there and  
14          he said, oh, wow, a hotline number. He throws  
15          the ball a couple more times, well, maybe I  
16          should call, maybe this is something -- you know,  
17          this is how he is thinking. So he writes the  
18          number down, goes home that night, calls the  
19          hotline, got information from the worker, talked  
20          about what his concerns were. They encouraged  
21          him to talk to his son.

22                   The next day when the dad was back, he  
23          talked to his son. He said, "Hey, I think this

1       is something you need to do," and it ends up the  
2       son really was having suicidal thoughts and was  
3       really planning on what he would do to end his  
4       own life. So the dad really felt gratified.

5                So that's why if anyone who takes  
6       these balls and wants to take them home and play  
7       with their grandkids or their kids or whatever,  
8       just so we get the message out and get the  
9       numbers out. I think that was a great story for  
10      people, oh, I'll play with my dog, well, that's  
11      fine. You never know how it's going to get there  
12      and get the information to the right people.

13               MS. CLOSKEY: Do you suggest maybe  
14      that if someone is having a concern about a  
15      family member, should they trust their gut that  
16      they --

17               MR. ALBERT: Yes. One thing I tell my  
18      staff, we do a training called Operation Save,  
19      and Operation Save is the VA's version of suicide  
20      awareness or gate keeper or guide keeper  
21      training. It's not a class where you become a  
22      therapist or a counselor or anything like that,  
23      but it is going to help people identify those

1 people that may be at risk, the things to look  
2 for; and then once you see those things, what is  
3 the first step or two to take.

4 So that's a great thing and that's why  
5 we provide this training out in the community  
6 because we want our veteran families to be aware  
7 of that. One suicide is too many and there is so  
8 much that we can do. We can't prevent every  
9 suicide, but we can do quite a bit to intervene,  
10 to offer intervention and that's really what  
11 we've been striving to do at the VA along with  
12 all of our community partners.

13 MS. CLOSKEY: If an organization or a  
14 company was interested in offering this workshop,  
15 again, they should get in touch with you?

16 MR. ALBERT: Get in touch with me at  
17 that 724-285-2737. You can leave me a message.  
18 I'll get back to you. I like to get out on a  
19 monthly basis, especially in this nice warm  
20 weather, to get out and see a little bit of the  
21 countryside.

22 One thing we did here in the year  
23 past is, we went to a lot of our home health



1 providers and we were seeing that there had been  
2 a couple of attempted suicides and completed  
3 suicides among veterans who were receiving care  
4 from a home health provider.

5               So we went out and we offered -- I  
6 think I did almost 32 presentations over about a  
7 six-month period to all of these different  
8 agencies. Now some of them are coming back and  
9 inviting me back to come back on -- maybe not on  
10 a yearly basis but a couple year basis to provide  
11 the training for their staff. It's about 45  
12 minutes to an hour, so it's not a huge time  
13 commitment, but we provide a lot of good  
14 education.

15              The one thing that is so nice about  
16 this is most of us know someone who has either  
17 attempted to kill themselves or maybe has died by  
18 suicide.

19              It's a very personal thing. You can  
20 take this -- I say it's kind of like CPR. Those  
21 of us that are required to do CPR every couple  
22 years, I'm thankful for that because when I have  
23 my heart attack in Walmart, I'm glad someone is

1       going to be there to help me.

2                   It's the same thing with suicide  
3       prevention, we can help people that we really  
4       care about outside of our work life.

5                   MS. CLOSKEY: It seems like next week  
6       being National Suicide Prevention Week, it's a  
7       good step in the direction of raising this kind  
8       of awareness. Is this part of a local or a  
9       national initiative then, the strategy?

10                  MR. ALBERT: In the VA, there are a  
11       lot of national things going on. One is  
12       implementing these programs. The VA has two  
13       Centers of Excellence, one in Denver, Colorado  
14       and one in Canandaigua, New York, where its focus  
15       is just on mental health issues and suicide,  
16       post-traumatic stress and depression.

17                  In fact, my national lead is a woman,  
18       Dr. Jan Kemp, and she was one of the federal  
19       employees of the year last year from the  
20       Washington Post related to her work around  
21       suicide prevention and intervention.

22                  The VA, along with the Department of  
23       Defense and the CDC in Atlanta, have basically

1       been working together on a classification system  
2       event surrounding suicide, because anyone who has  
3       worked in mental health as long as I have, we  
4       have learned so many different things and  
5       unfortunately we call different types of events  
6       different things. So they are really working so  
7       there is a classification system that comes out  
8       where we are training each other so we are  
9       talking the same language regardless of whether  
10      you are here or there.

11               Some of the things that are going on  
12      locally are the community training, the outreach  
13      that we do on an ongoing basis. I go out and  
14      talk to crisis services because I want them to be  
15      aware that when I call and express a concern  
16      about a veteran, they already know me, they  
17      already have a relationship with me, so that we  
18      are not starting at square one.

19               Usually it's late in the afternoon or  
20      early in the morning and when I say to them, you  
21      know, I would like you to check on this veteran  
22      or follow up with them, they always say, yeah,  
23      sure, Pete, and they call me back and let me know

1        what the outcome is, but then they also call back  
2        when they have questions about services and what  
3        can be provided.

4                    It's really been very satisfying work.  
5        I have been a mental health nurse for about 25  
6        years, and I have learned more about suicide and  
7        suicide prevention in the last three years  
8        working here at the VA than I did in the  
9        previous 22 and I managed the inpatient mental  
10       health unit. We're really pleased. I wish I had  
11       a tool of what the VA has developed here around  
12       safety planning.

13                   That's one thing that I am going out  
14       with the community hospitals and offering that to  
15       the inpatients, give me 15 minutes, I can give  
16       you a tool that you can use with every patient  
17       you have, not just the veteran. It's such a  
18       great process. It's a very quick six-step  
19       process, it can take about ten minutes for the  
20       individual and you give them the tools that they  
21       can work by themselves once they have left the  
22       hospital. It's just not about medication. It's  
23       just not about therapy. There are some other

1 things that the individual can do to help divert  
2 themselves and to deal with these thoughts when  
3 they occur.

4 MS. CLOSKEY: So the safety planning,  
5 then, is a set of tools.

6 MR. ALBERT: Yes. Safety planning is  
7 a very good one-page tool that in about ten  
8 minutes with a veteran or anyone, you can sit  
9 down and come up with how -- the first step is  
10 recognizing warning signs. The second step is  
11 things that they can do by themselves to divert  
12 their thoughts. The third thing is using social  
13 contacts or people that they know in the  
14 community but not those people you are very close  
15 with, not your family, not your friends, maybe  
16 the guy you played ball with down at the Y or  
17 something like that.

18 The fourth step is you bring in your  
19 family and friends, people that know about you  
20 and care about you, and you have these  
21 individuals listed as contacts, or your  
22 professional staff, like my phone number, your  
23 therapist, your counselor, your primary care

1       doctor, where can you turn, like the crisis  
2       line, 911. Then we follow that by what things  
3       can you do in your home to make your home safer.

4               We have talked about gun safety. We  
5       talk about firearm safety, leaving guns locked,  
6       medication things, other tools or things, means  
7       of suicide, we can look at that. Again, it's  
8       very time limited, but it's something we can talk  
9       with that individual, a living breathing kind of  
10      document.

11             MS. CLOSKEY: Okay, that's excellent.  
12      Let's take a second to just -- I am going to  
13      unmute the lines, and if there are any lingering  
14      other questions, we've got just a couple minutes  
15      left.

16             This might be a great opportunity for  
17      me to mention that this all fits in with the  
18      overall outreach national plan to enhance  
19      community activity because it's a VA commitment  
20      to provide the clinically appropriate quality  
21      care for eligible veterans when they want and  
22      need it.

23             We do honor the veterans and salute

1       you for serving your country, and we want you to  
2       know that there are these benefits that you have  
3       earned and they are available for you.

4               The phone number to call toll free  
5       is 800-362-8262. There really is no end to the  
6       phone numbers in this particular Talk Shoe chat  
7       today. That's the number for the outreach  
8       coordinator, David Virag. So this suicide  
9       hotline consists of several things.

10              Are there any other questions out  
11       there among our listeners?

12                      (No response.)

13              MS. CLOSKEY: Okay. Let's wrap up.  
14       Again, to sum up, let's give the suicide hotline  
15       number again and then just some other references  
16       and some other resources.

17              MR. ALBERT: Every time I'm doing a  
18       training one thing I say is, I don't give you a  
19       quiz at the end, but if you don't remember  
20       anything else about what was said or what we've  
21       talked about today, please just remember that  
22       there is a national hotline. It's 1-800-273-8255  
23       or 1-800-273-TALK. You do not have to be a

1       veteran to call that hotline; but if you are a  
2       veteran, they will ask you to push a little  
3       automated attendant for No. 1 and then you'll get  
4       hooked up with VA employees and people that will  
5       further your follow-up through the VA.

6               It is really -- another concept is  
7       that suicide prevention is everyone's business.  
8       Even if you don't have a loved one or someone  
9       that you care about right now, you just never  
10      know what might happen in the future. So having  
11      the awareness and having the information is just  
12      a great thing for when you need it.

13             MS. CLOSKEY: Fantastic. Thank you,  
14      Pete Albert, for meeting with us today and  
15      sharing this information with us. It's timely  
16      and I think it's something that, as you were  
17      saying, just like CPR, something that I think  
18      everyone really needs to be aware of as part of  
19      our community.

20             I want to thank everyone who has tuned  
21      in with us today. Thanks for calling in. Thanks  
22      for the great questions. If you would like more  
23      information, of course, VA Butler Healthcare is



1 at 325 New Castle Road in Butler. Our phone  
2 number, 800-362-8262, or the local  
3 number, 724-287-4781. Those numbers are  
4 available 8:00 a.m. to 4:30 p.m.

5 There is a website, [www.butler.va.gov](http://www.butler.va.gov).  
6 We also have a Facebook page where we have some  
7 great discussions, announcements of upcoming  
8 chats like this one and other activities that are  
9 going on. On the Facebook site you can search  
10 for VA Butler or at [Facebook.com/vabutlerpa](https://www.facebook.com/vabutlerpa).

11 And we have Twitter. If you go to  
12 [Twitter.com/vabutlerpa](https://twitter.com/vabutlerpa), you'll find some quick  
13 announcements if that's more your style.

14 Our next episode for the Brown Bag  
15 Lunch Chat will be Thursday, October 7, again at  
16 noon. Then we'll be talking about free flu  
17 clinics here in Butler. Our guest will be Sharon  
18 Boyle, who is a registered nurse and is the flu  
19 clinic coordinator for this area. We look  
20 forward to that, again, very timely for October  
21 just as the weather starts to change.

22 All right. Thanks everybody for  
23 calling in and we will talk to you soon. Take  
care.